

PSJ3

Exhibit 118

**Endo Pharmaceuticals Inc.**

PER # 02029

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
 Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/OrganizationProgram:

Name: American Academy of Pain Medicine
 Attn: Kathryn Checea
 Address: 4700 W. Lake Avenue
 Glenview, IL 60025-1485

Scientific/Educational
 Activity:

Tax ID: 36-3874208

Location:

Coordinator:

Number of Talks: 26

Name: Kathryn Checea

Title: American Academy of Pain Medicine

Type:

Phone: (847) 375-4731

Fax: (847) 375-4777

Check payable to: American Academy of Pain Medicine

Audience Size:

Notes: CME agreement attached. Please process at
 earliest convenience. Meeting 2/11-2/14/99.

Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						

Explanation: No expenses – unrestricted educational grant only.

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$10,000.00	\$10,000.00		
	Total Payments:	\$10,000.00		

Funding Sources: Charge Code: 633001-400

Total Funding: \$10,000.00

Dennis W. Gardner _____

Louis J. Vollmer _____

Carol A. Ammon _____

Jeffrey R. Black _____